MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

26131

1. PLACE OF DEATH
County Gentry — Registration District No. 313
Township Miller — Primary Registration District No. 0432
City ..... (No. ....., ... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME William T. Wooderson
(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

SEP 26 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mabel McNatt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16, 1864

7. AGE: Years 69 — Months 5 — Days 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davis County, Mo.

FATHER
13. NAME Wm Wooderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER
15. MAIDEN NAME Betty Eliz. Willard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) Mrs. Walter Rowe, Leavenworth, Kas.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Zion DATE Aug. 14, 1933

19. UNDERTAKER (ADDRESS) Clifford Brooks, Albany, Mo.

20. FILED 8-31, 1933 Wm. Quinn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1933, to Aug. 12, 1933
I last saw him alive on Aug. 12, 1933. Death is said to have occurred on the date stated above, at 4 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	May 22 1933
and Chronic Endocarditis	

Other contributory causes of importance: Influenza

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) James N. Barger, M. D.
(Address) Albany Mo